



INSTRUCTIONS FOR COMPLETING THE REVISED GW-SP FORM

Field staff will complete the following fields:

- Client's name, case number, and the completion date of the form. The waiver start date should be the authorization date in the InRhodes system (DEA will use the start date reflected on the approved CP-1).
- SCW's name, record location, telephone, and office fax number
- Choose whether the care plan is initial, re-assessment, or change in services. Indicate if services are Core, Preventive, or DEA.
- Complete service fields. Provision has been made for multiple providers. **Field #10 is for other services not otherwise noted.*
- Enter total number of HHA/Case Management hours.
- Enter client's monthly share amount.
- Field staff will compute the approximate cost of services. Client will have an opportunity to compare costs to private rates. The Office of Community Programs, tel. 462-1891, will provide costs for minor assistive devices.
- New GW-SPs will not be required for changes in share amounts. For share adjustments and change in providers the LTC SCW will forward an updated PRO Panel to the vendor(s).
- Recertification: Home visit, GW-SP, and CP-12 are required
- Clients who incur a short-term nursing facility or hospital stay are not required to complete a new GW-SP unless the care plan is changing significantly or a recertification is due.
- DEA case managers are authorized to use the GW-SP.
- If the service plan exceeds \$4560, the GW-SP needs to be faxed to the Office of Community Programs at 462-3496.